



State of Louisiana
Department of Revenue
Office of Alcohol and Tobacco Control
8549 United Plaza Blvd. Suite 220
P.O. Box 66404, Baton Rouge, LA 70809
Telephone (225) 925-4041 • Fax (225) 925-3975

Application for Class-A-Restaurant-Conditional Permit

The Class-A-Restaurant Permit shall expire on the same date as your Class A-General Permit

PLEASE TYPE OR PRINT

Telephone Numbers: Work: () _____ Home: () _____		FOR OFFICE USE ONLY: Permit Number: _____ Sequence Number: _____	
1. Applicant's Name (name of individual, partnership, corporation, LLC): _____		2. Trade name of business: _____	
3. Location address (street/city/state/zip code): _____		4. Parish: _____	
5. Official mailing address (P.O. Box/street/city/state/zip): _____			
6. Do you have a Class A-General beer/liquor/light wine permit issued by the State of Louisiana, Office of Alcohol & Tobacco Control? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, enter permit number _____			
7. During the hours of 7:00 a.m. and 11:00 p.m.: A. Is the primary purpose and function of this business to take orders for and serve food and food items? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Are alcoholic beverages served in conjunction with meals? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Is food served on all days of operation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In accordance with provisions of R.S. 26:71.1(4) and R.S. 26:271.2(4), between the hours of 7:00 a.m. and 11:00 p.m.: (A) You are required to maintain separate sales figures for food and alcohol; (B) You are required to operate a fully equipped kitchen used for the preparation of uncooked foods for service and consumption of such food on the premises. A complete diagram of the restaurant premises indicating the entrances, exits, bar, kitchen, and dining areas must be attached to this application.			
This application must be signed by the owner, if individual ownership; authorized partner, if partnership; or authorized officer, if corporation or LLC. This application must be signed in the presence of a notary public.			
<p style="text-align: center;">AFFIDAVIT</p> I swear that I have read each of the questions in this application and that the answers that I have given are true and correct to the best of my knowledge, I have read R.S. 26:71.1(4) and R.S. 26:271.2(4); and that this business meets the minimum qualifications contained therein R.S. 26:73 and 272 for a Class "R" permit.			
Signature: _____		Title: _____	
Print/Type your name: _____			
Sworn to and subscribed to me this _____ day of _____, 20 _____			
in the parish of _____, State of _____			
Notary Public's signature: _____		Print Name of Notary Public: _____	